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FEB 2 3 2019



STATE OF NEW HAMPSHIRE 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

1. Name of Lobbyist(s) _	Kerstin C	ornell	·	<u></u> ,	
II. Name of lobbyist's pa	artnership, firm o	r corporation, if a	ıy:		
New H	ampshire Lega	al Assistance			
	f partnership, firm or				
1850 Elm Street, Sulte 7 Manchester, NH 03104 Business Address: (Street) (Town/City) (State) (Zip Code)					
•		, , , , ,			
(Telephone)	() 603-224- (Fax)	2053 e-mail	kcornell@nhla.org	
III. This statement cover reportable expense trans				k you may file a separate re	port for
☐ All reportable transact	lions occurring in t	he months prior to t	he reporting date rela	tive to the following client:	
(F	ull Name of Client a	s it appears on the Lo	byist Registration Form	h)	
OR		•			
All reportable transacti unrelated to any particular		t (including the lob)	oyist's family), or the	lobbying firm listed below w	hich are
	Spril 25, 2018	llon to 3/31/18	July 25, 2018 activity from 4/1/18 t		
	October 31, 2018 [wity from 7/1/18 to 9		January 30, 2 activity from 10/1/18		
V. There have been no lf this box is checked, come Concord, NH 03301.	fees received an aplete just this form	nd no reportable and submit it to the	transactions made e Secretary of State's	since the last report. Office, State House, Room 2	S 04,
VI. Check if additional r	oports are attach	ed:			
☐ If you have received f					
☐ If you have paid an ho Expense Reimbursement	onorarium or reimb	oursed expenses, you	u must file Addendu	n B-Report of Honorariums	or
	our family has ma	de political contribu	itlons, you must file A	ddendum C-Political Cont	ributions
Sworn Statement/Affirm I have read RSA 15, RSA and copfplete to the best o	15-B, RSA 14-C &	and RSA 664 and he	creby swear or affirm	that the foregoing informatio	n is true
(Signiture of lobuyist)	Ol_	·	2/24	(Date)	
Kerstin Cornell (Print Name of lobbyist)					